

Indiana Department of Education
 Compensatory Education, ESEA Title I
 ROOM 229, STATE HOUSE
 INDIANAPOLIS, INDIANA 46204-2798

ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN

SECTION I - INSTITUTION AND SCHOOL CORPORATION

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| <p>1. LEGAL NAME OF INSTITUTION</p> <p>LEGAL ADDRESS (Number, Street, City, State, Zip Code):</p> | <p>3. LOCAL PUBLIC SCHOOL CORPORATION IN WHICH THIS INSTITUTION IS LOCATED: CORP. # _____</p> <p>ADDRESS (Number, Street, City, State, Zip Code):</p> <p>COUNTY:</p> |
| <p>2. TYPE OF INSTITUTION (If the Institution serves both neglected and delinquent children, identify the majority of the children.)</p> <p>CHECK ONE only.</p> <p><input type="checkbox"/> A. An "INSTITUTION FOR NEGLECTED CHILDREN" means, as determined by the SEA, a public or private residential facility (other than a foster home) that is operated for the care of children who have been committed to the institution, or voluntarily placed in the institution under applicable state law, because of the abandonment by, neglect by, or death of parents.</p> <p><input type="checkbox"/> B. An "INSTITUTION FOR DELINQUENT CHILDREN" means, as determined by the SEA, a public or private residential facility that is operated for the care of children who have been determined to be delinquent or in need of supervision.</p> | <p>4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS INSTITUTION, AS INDICATED IN ITEM 2:</p> <hr/> <p>5. CASELOAD (See instructions on back):</p> <p>A. Total caseload for October 2008: _____</p> <p>B. Total count period is a 30-consecutive day window. At least one (1) of the days in the window must be in October. _____</p> |

SECTION II - BASIS FOR ELIGIBILITY

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| | YES | NO |
| 1. Is this institution operated for the care of: (See instructions on back): | | |
| A. Children who are abandoned by, neglected by, or separated by the death of their parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Children who have been determined by appropriate state or local authority to be delinquent or in need of supervision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this institution a residential facility which children are under 24 hour care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the caseload data reported in item 5B above include only children ages 5-17 inclusive? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION III - CERTIFICATION BY CHIEF ADMINISTRATIVE OFFICIAL

I CERTIFY that the information provided on this form is, to the best of my knowledge, complete and accurate. A Knowingly false claim on this report is a criminal offense under U.S. Code, Title 18 Section 1001 or Section 287.

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| <p>CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION</p> <p>_____ SIGNATURE</p> <p>_____ DATE SIGNED</p> <p>_____ TYPE NAME/TITLE</p> <p>_____ E-MAIL ADDRESS</p> | <p>TITLE I PROGRAM ADMINISTRATOR</p> <p>_____ SIGNATURE</p> <p>_____ DATE SIGNED</p> <p>_____ TYPE NAME/TITLE</p> <p>_____ E-MAIL ADDRESS</p> |
| <p>_____ PHONE NUMBER</p> | <p>_____ PHONE NUMBER</p> |